

**Petition for the Appointment of a Guardian and/or Conservator for a Proposed Ward**

**INSTRUCTIONS**

**I. Specific Instructions**

1. This form is to be used for filing a Petition for the Appointment of a Guardian and/or Conservator for a Proposed Ward pursuant to O.C.G.A. ' 29-4-10 and O.C.G.A. ' 29-5-10.
2. In any case involving the creation of a conservatorship when the proposed ward owns real property, a certificate of creation of conservatorship will be completed by the clerk of the probate court and filed with the clerk of the superior court of each county of this state in which the proposed ward owns real property within 30 days of the date of such order.
3. The burden of proof is on the petitioner to present clear and convincing evidence that the proposed ward lacks sufficient capacity to make or communicate significant responsible decisions concerning his or her health or safety and is in need of a guardianship and/or that the proposed ward lacks sufficient capacity to make or communicate significant responsible decisions concerning the management of his or her property and is in need of a conservatorship.

**II. General Instructions**

General instructions applicable to all Georgia probate court standard forms appear in Volume 255 of the Georgia Reports and are available in each probate court.

PROBATE COURT OF \_\_\_\_\_ COUNTY

STATE OF GEORGIA

IN RE:	)	ESTATE NO. _____
	)	
_____,	)	PETITION FOR APPOINTMENT OF
PROPOSED WARD	)	A GUARDIAN AND/OR
	)	CONSERVATOR FOR A
	)	PROPOSED WARD

TO THE HONORABLE JUDGE OF THE PROBATE COURT:

[NOTE: Unless there are two or more petitioners, the affidavit on page 9 must be completed by a physician, psychologist, or licensed clinical social worker based upon an examination within 15 days prior to the filing of this petition.]

1.

Petitioner, \_\_\_\_\_, is the  
(relationship) \_\_\_\_\_ of the proposed ward, and is domiciled  
at (address) \_\_\_\_\_  
\_\_\_\_\_ County of \_\_\_\_\_, State of  
\_\_\_\_\_, telephone number \_\_\_\_\_, and

(Initial either a. or b. below):

\_\_\_\_ a. (Second Petitioner, if any) \_\_\_\_\_, is the  
(relationship) \_\_\_\_\_ of the proposed ward, and is domiciled at (address)  
\_\_\_\_\_  
\_\_\_\_\_, County of \_\_\_\_\_, State  
of \_\_\_\_\_ telephone number \_\_\_\_\_, show that:

\_\_\_\_ b. attached hereto as page 9 and made a part of this petition is the completed affidavit of  
\_\_\_\_\_, a physician or psychologist licensed to  
practice in Georgia or a licensed clinical social worker, who has examined the proposed ward within  
fifteen days prior to the filing of this petition, show that:

2.

The proposed ward, age \_\_\_\_\_, date of birth \_\_\_\_\_, social security no. \_\_\_\_\_, is domiciled at (address) \_\_\_\_\_  
\_\_\_\_\_ County, State of \_\_\_\_\_, and is presently located at \_\_\_\_\_,  
which is a (type of facility, if applicable) \_\_\_\_\_  
and can be contacted at (telephone number): \_\_\_\_\_.

(initial if applicable)

\_\_\_\_\_ It is anticipated that the proposed ward will be moved within the next  
days to the following address: \_\_\_\_\_,  
\_\_\_\_\_, telephone number \_\_\_\_\_.

\_\_\_\_\_ The proposed ward is a citizen of a foreign country, being \_\_\_\_\_  
(if a guardianship or conservatorship is granted, pursuant to The Vienna  
Convention, the Probate Court must notify the consul).

3.

The proposed ward is in need of a guardian and/or conservator by reason of the following incapacity:  
\_\_\_\_\_ to the  
extent that the proposed ward (initial one or both):

- \_\_\_\_\_ a. (for guardianship:) lacks sufficient capacity to make or communicate significant  
responsible decisions concerning his/her health or safety.
- \_\_\_\_\_ b. (for conservatorship:) lacks sufficient capacity to make or communicate significant  
responsible decisions concerning the management of his/her property.

The facts which support the claim of the need for a guardian and/or conservator are as follows:

(NOTE: the Petition cannot be granted unless sufficient facts are presented which support the claim for the need for the  
appointment of a guardian or conservator. While an attached physician=s/psychologist=s/social worker=s affidavit is  
permissible, the Petitioner(s) MUST specifically allege sufficient facts to support the granting of this Petition.)

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4.

It is in the best interest of the proposed ward that \_\_\_\_\_  
\_\_\_\_\_ be appointed guardian and \_\_\_\_\_  
\_\_\_\_\_ appointed conservator.

5.

The foreseeable duration of the incapacity will be: \_\_\_\_\_ and the Court  
should allow the proposed ward to retain the following rights and powers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

6.

(NOTE: The law requires notice to be given to the spouse, if any, and to all living children, if any, whose addresses are known. If there are no living adult children whose addresses are known, then list at least two adults in the following order of priority: lineal descendants of the proposed ward; parents and siblings of the proposed ward; and friends of the proposed ward. In determining the persons to whom notice is required to be given according to the foregoing rules, the petitioner(s) should not be counted as persons receiving notice.)

Pursuant to law, the names, addresses, telephone numbers and relationships of the persons to be notified are as follows:

NAME	AGE (or over 18)	ADDRESS	TELEPHONE	RELATIONSHIP

7.

- a. As to the guardianship, prior to the filing of this Petition, to the best of my/our knowledge, the following individual(s) has/have been nominated to serve under a living will, durable power of attorney for healthcare, order relating to cardiopulmonary resuscitation, or other instrument that deals with the management of the person of the proposed ward in the event of incapacity. If any, please provide their name(s), addresses(es), indicate the nature of their interest, whether they are willing to act or have failed to act under said appointment: \_\_\_\_\_

- b. As to the guardianship, prior to the filing of this Petition, to the best of my/our knowledge, the following individual(s) has/have been nominated in writing to serve as guardian by the proposed ward, his/her spouse, adult child, or parent. If any, please provide their name(s), addresses(es), indicate the nature of their interest, whether they are willing to act under said appointment, and whether the individual(s) is/are an owner, operator, or employee of a caregiving institution in which the proposed ward currently is receiving care: \_\_\_\_\_

8.

- a. As to the conservatorship, prior to the filing of this Petition, to the best of my/our knowledge, the following individual(s) has/have been nominated to serve under a power of attorney, trust, or other instrument that deals with the management of the property of the proposed ward in the event of incapacity. If any, please provide their name(s), addresses(es), the nature of their interest, and indicate whether they are willing to act or have failed to act under said appointment: \_\_\_\_\_

- b. As to the conservatorship, prior to the filing of this Petition, to the best of my/our knowledge, the following individual(s) has/have been nominated in writing to serve as conservator by the proposed ward, his/her spouse, adult child, or parent. If any, please provide their name(s), addresses(es), the nature of their interest, and indicate whether they are willing to act under said appointment, and whether the individual(s) is/are an owner, operator, or employee of a caregiving institution in which the proposed ward currently is receiving care : \_\_\_\_\_

(initial if applicable)

\_\_\_\_\_ The above individual(s) may have the following ownership or financial conflict of interest in serving as conservator: NOTE: A CONFLICT OF INTEREST MAY EXIST IF THE PROPOSED CONSERVATOR IS A CO-OWNER OF A JOINT ACCOUNT OR REAL PROPERTY WITH THE PROPOSED WARD. (list)

9.

Regarding other petitions for guardianship and/or conservatorship, (initial if applicable)

\_\_\_\_\_ a. (Name) \_\_\_\_\_, residing  
at \_\_\_\_\_, has been  
appointed as an emergency or permanent guardian/conservator for the proposed  
ward in the following county and state: \_\_\_\_\_.

\_\_\_\_\_ b. A ruling on a Petition for the appointment of an emergency or permanent  
guardian/conservator is pending in the following county and state: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ c. A petition for emergency or permanent guardianship/conservatorship has been  
denied or dismissed within the prior two years by a court in the following county  
and state: \_\_\_\_\_  
\_\_\_\_\_.

\_\_\_\_\_ d. A petition for emergency or permanent guardianship/conservatorship has been  
denied or dismissed within the prior two years by a court in this state; however,  
there has been a significant change in the condition or circumstances of the  
proposed ward as shown by the affidavit or evaluation, attached as Exhibit AA.@

10.

All known income and assets of the proposed ward are shown on page 11 attached hereto.

11.

A guardian ad litem should be appointed, because the following additional powers pursuant to  
O.C.G.A. '29-4-23 (b) and O.C.G.A. '29-5-23(c) are requested, with the reasons for such request:

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12.

Additional Data: Where full particulars are lacking, state here the reasons for any such omission.

13.

It is in the best interest of the proposed ward that the within nominated guardian and/or conservator be appointed.

WHEREFORE, petitioner(s) pray(s):

1. that service be perfected as required by law;
2. that the court appoint legal counsel and an evaluator for the proposed ward and order an evaluation as required by law;
3. that upon receipt of the evaluation report, the court order a hearing to determine the need for a guardian and/or conservator for the proposed ward; and
4. that a guardian and/or conservator be appointed for the proposed ward.

\_\_\_\_\_  
Signature of first petitioner

\_\_\_\_\_  
Signature of second petitioner, if any

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address  
  
\_\_\_\_\_

\_\_\_\_\_  
Address  
  
\_\_\_\_\_

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Telephone Number

Signature of Attorney:

Typed/printed name of Attorney:

Address:

Telephone:

\_\_\_\_\_  
State Bar # \_\_\_\_\_

**VERIFICATION**

GEORGIA, \_\_\_\_\_ COUNTY

Personally appeared before me the undersigned petitioner(s) who on oath state(s) that the facts set forth in the foregoing petition are true.

Sworn to and subscribed before  
me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
First Petitioner

\_\_\_\_\_  
NOTARY/CLERK OF PROBATE COURT  
My Commission Expires

\_\_\_\_\_  
Printed Name

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Sworn to and subscribed before  
me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Second Petitioner, if any

\_\_\_\_\_  
NOTARY/CLERK OF PROBATE COURT  
My Commission Expires

\_\_\_\_\_  
Printed Name



**CONSENT TO SERVE AS GUARDIAN/CONSERVATOR**

RE: Petition for the appointment of guardian and/or conservator for \_\_\_\_\_  
\_\_\_\_\_

I/We, \_\_\_\_\_ having been nominated as guardian  
and I/we, \_\_\_\_\_, having been nominated as  
conservator of the above-named proposed ward, do hereby consent to serve as such.

\_\_\_\_\_  
Proposed Guardian/Conservator

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Proposed Guardian/Conservator

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Proposed Guardian/Conservator

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Telephone

STATE OF GEORGIA

COUNTY OF

PROBATE COURT OF \_\_\_\_\_ COUNTY

RE: Petition for appointment of a guardian and/or conservator for \_\_\_\_\_.

**AFFIDAVIT OF PHYSICIAN, PSYCHOLOGIST, OR LICENSED CLINICAL SOCIAL WORKER**

I, being first duly sworn, depose and say that I am a physician licensed to practice under Chapter 34 of Title 43 of the Official Code of Georgia Annotated, a psychologist licensed to practice under Chapter 39 of Title 43 of the Official Code of Georgia Annotated, or a Licensed Clinical Social Worker; that my office address is \_\_\_\_\_,

Georgia, and that I have examined the above-named proposed ward on the \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_\_. **NOTE: The examination on which this affidavit is based must occur WITHIN**

**FIFTEEN DAYS prior to the filing of the petition.** I found him/her to be incapacitated by reason of:

\_\_\_\_\_  
\_\_\_\_\_ to the extent that said proposed ward

(initial all applicable):

- \_\_\_\_\_ a. (for guardianship:) lacks sufficient capacity to make or communicate significant responsible decisions concerning his/her health or safety.
- \_\_\_\_\_ b. (for conservatorship:) lacks sufficient capacity to make or communicate significant responsible decisions concerning the management of his/her property.

The following facts support said diagnosis:

(cont.)

The foreseeable limits on the duration of such incapacity are:

WITNESS MY HAND AND SEAL this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Sworn to and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of (Physician)(Psychologist)(Social Worker)

\_\_\_\_\_  
Notary Public

My commission expires on the \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_\_.  
(NOTARIAL SEAL AFFIXED)

Typed Name \_\_\_\_\_

**NOTE: The examination on which this affidavit is based must occur WITHIN FIFTEEN DAYS prior to the filing of the petition.**

**ASSETS, INCOME, OTHER SOURCES OF FUNDS, LIABILITIES, AND EXPENSES OF  
PROPOSED WARD**

PROPOSED WARD: \_\_\_\_\_

**REAL PROPERTY**

(Indicate if property is jointly owned and with whom)

Description	County	State	Approximate equity
Parcel_1 _____			\$ _____
Parcel_2 _____			\$ _____
Parcel_3 _____			\$ _____

**INCOME FROM ALL SOURCES**

	Yearly Total
Social Security per year \$ _____	
SSI (Supplemental Security Income)_ per year	\$ _____
Retirement benefits per year	\$ _____
VA benefits per year	\$ _____
Other income per year, including, e.g., alimony, annuity, or trust distributions	\$ _____
Interest, dividend, or investment income	\$ _____
<b>YEARLY TOTAL OF ALL INCOME</b>	<b>\$ _____</b>

**PERSONAL AND INTANGIBLE PROPERTY**

(Indicate if property is jointly owned and with whom)

**Approximate Current Value**

**1. Checking/Savings/Money Market/Certificates of Deposit/Liquid Accounts:**

Bank/Financial Institution/Broker	Acct. No.	Joint Owner (if any)	
_____			\$ _____
_____			\$ _____
_____			\$ _____
_____			\$ _____

2. Stocks/Bonds/Investments (including retirement and profit-sharing accounts):

a. held by brokers:

Brokerage Firm or Institution	Acct. No.	Joint Owner (if any)	
_____			\$ _____
_____			\$ _____
_____			\$ _____
_____			\$ _____
_____			\$ _____

b. privately held:

Company/Issuer	No. of Shares	Joint Owner (if any)	
_____			\$ _____
_____			\$ _____
_____			\$ _____

3. Automobiles:

Year/Make/Model	V.I.N.	Joint owner (if any)	
_____			\$ _____
_____			\$ _____

4. Other assets of significant value:

Description	Joint owner (if any)	
_____		\$ _____
_____		\$ _____
_____		\$ _____
<b>TOTAL VALUE OF PERSONAL AND INTANGIBLE PROPERTY</b>		<b>\$ _____</b>

**DEBTS AND OTHER LIABILITIES**

The proposed ward owes the following debts/liabilities:

1. Secured debts:

Obligor/Payee	Collateral	Solely/Jointly Owed	Approx. Current Balance
_____			\$ _____
_____			\$ _____
_____			\$ _____

2. Unsecured debts:

Obligor/Payee	Acct. No.	Solely/Jointly Owed	Approx. Current Balance
_____			\$ _____
_____			\$ _____
_____			\$ _____
<b>TOTAL DEBTS AND OTHER LIABILITIES OF PROPOSED WARD</b>			<b>\$ _____</b>

**AVERAGE MONTHLY LIABILITIES AND EXPENSES**

Household:

Care Facility/Rent/Mortgage payments:	\$ _____
Property taxes/Insurance	\$ _____
Utilities/Lawn Care/Pest Control	\$ _____
Miscellaneous household/food	\$ _____
Total credit account and other debt payments	\$ _____
Other (specify)	\$ _____

Automotive/Transportation

Fuel and Repairs	\$ _____
Tags and license fees, Insurance	\$ _____
Bus/Train/Taxi fares	\$ _____

Minors or Other Dependents of the Proposed Ward

Child Care	\$ _____
School Tuition/Supplies/Expenses/Lunches	\$ _____

Clothing/Diapers /Grooming/Hygiene \$ \_\_\_\_\_  
 Medical/Dental/Prescription \$ \_\_\_\_\_  
 Entertainment/Activities \$ \_\_\_\_\_

Other Insurance

Health \$ \_\_\_\_\_  
 Life/Disability \$ \_\_\_\_\_  
 Other (specify) \$ \_\_\_\_\_

Proposed Ward=s Other Expenses

Laundry/Clothing/Grooming/Hygiene \$ \_\_\_\_\_  
 Medical/Dental/Prescriptions/Medications \$ \_\_\_\_\_  
 Entertainment/Vacations/Subscriptions/Dues \$ \_\_\_\_\_  
 Personal Caretakers/Cleaning personnel \$ \_\_\_\_\_  
 Other (specify) \$ \_\_\_\_\_

Total Expenses \$ \_\_\_\_\_

Payments to Creditors:

Is the proposed ward behind in any debt payments? (yes) (no)

If so, payee and amount:

\_\_\_\_\_  
 \_\_\_\_\_

**SUMMARY**

1. Average Monthly Income \$ \_\_\_\_\_  
 2. Average Monthly Expenses <\$ \_\_\_\_\_>

**ACKNOWLEDGMENT OF SERVICE**

PROPOSED WARD \_\_\_\_\_ ESTATE NO \_\_\_\_\_

Due and legal service of the Petition for Appointment of a Guardian and/or Conservator is hereby acknowledged by the following interested persons as shown in paragraph 6, in addition to any nominated guardian(s) and/or conservator(s). The undersigned acknowledges that he/she has received a copy of the Petition and all further service and notice is waived.

**SIGNATURE(S)**

Sworn to and subscribed before  
me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_

\_\_\_\_\_  
NOTARY/CLERK OF PROBATE COURT  
My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
Printed Name

Sworn to and subscribed before  
me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_

\_\_\_\_\_  
NOTARY/CLERK OF PROBATE COURT  
My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
Printed Name

Sworn to and subscribed before  
me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_

\_\_\_\_\_  
NOTARY/CLERK OF PROBATE COURT  
My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
Printed Name

Sworn to and subscribed before  
me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_

\_\_\_\_\_  
NOTARY/CLERK OF PROBATE COURT  
My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
Printed Name

Sworn to and subscribed before  
me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_

\_\_\_\_\_  
NOTARY/CLERK OF PROBATE COURT  
My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
Printed Name